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November 18, 2005

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Applicant:

Philip David Steiner et al.

Title:

METHOD AND APPARATUS FOR DETERMINING A LOSS OF SIGNAL

**CONDITION** 

Application No.:

10/015,030

Filed:

December 11, 2001

Examiner:

Young Toi Tse

Group Art Unit: 2637

Atty. Docket No.: 026-0013

Conf. No.:

6289

## Dear Sir:

Transmitted herewith are the following documents in the above-identified application:

$\boxtimes$	Response to Non-Final Office Action (17 page(s))
	Petition for Extension of Time (month) (page(s))
$\boxtimes$	Information Disclosure Statement (2 page(s)), including PTO/SB0/8A and/or
	PTO/SB/08B (2 page(s)), and copies of 2 reference(s)
	Other: ( page(s))
$\boxtimes$	Other: New Drawing Sheet, including FIG. 4A (1 page(s))
$\boxtimes$	Other: Check in the amount of \$180.00 (1 page(s))

Transmittal Letter (2 page(s));

Return postcard;

The Total Fee has been calculated as shown below:

	Pending Claims	g Claims Claims Extra Claims Previously Paid				
Total Claims	43	- 43	=	$0 \times $50.00 =$	0.00	
Independent Claims	6	- 6	=	0 x \$200.00 =	0.00	
Multiple Dependent Claims (if any) - \$360.00 fee						
Additional Claims Fee	\$ .00					
Fee For Extension Of Time						
Other Fees: (Information Disclosure Statement)					180.00	
TOTAL FEE DUE:					\$ 180.00	

L			Small	entity	status i	s entitled	to	be asserted	for	the	application	1.
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- $\boxtimes$ A check is enclosed for the Total Fee shown above.
- Please charge the Total Fee shown above to Deposit Account 50-0631.
- $\boxtimes$ The Commissioner is hereby authorized to charge any deficiency in fees and any additional fees under 37 C.F.R. § 1.16 or 1.17, that may be required during the pendency of this application, and to similarly credit any overpayment, to Deposit Account 50-0631.

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CERTIFICATE OF MAILING OR TRANSMISSION
I hereby certify that, on the date shown below, this correspondence is being
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Date

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Respectfully submitted,

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